



United States Youth Conservation Corps

Crew Member Application

Program Overview

The United States Youth Conservation Corps (YCC) is a summer youth employment program that engages young people in meaningful work experiences on national parks, forests, wildlife refuges, and fish hatcheries, while developing an ethic of conservation stewardship and civic responsibility. YCC members work on projects, which promote awareness and appreciation of the public lands legacy and the nation's natural, cultural, and historic resources.

YCC is administered by the U.S. Department of Agriculture Forest Service, and the U.S. Department of the Interior Fish and Wildlife Service and National Park Service.

Eligibility Requirements

Applicants must:

- Be at least 15 years of age at the start of enrollment and must not reach age 19 before completion of the program
- Be a US citizen or permanent resident of the United States, its territories, or possessions
- Provide or be able to obtain a work permit as required under the laws of the applicant's home state
- Provide a valid U.S. Social Security number or have made application for a valid Social Security number
- Be able to fulfill the essential functions of the assigned work with or without a reasonable accommodation
- Be actively committed and willing to complete the assigned work project

Program Benefits

YCC affords members a variety of opportunities to work on projects such as constructing and repairing trails, preserving and repairing historic buildings, removing invasive species, assisting with wildlife and land research, leading conservation education programs, and supporting agency staff.

Program Structure

YCC projects can range up to 10 weeks in duration. YCC members are expected to work up to 40 hours a week. The daily a maximum of eight work schedule will depened on state labor laws an dprogram needs, but will not exceed 10 hours. YCC members are paid the federal minimum wage, or the state minimum wage if higher. Most YCC jobs are locally based and members will commute to the project site daily. Members will be expected to provide their own transportation to and from the work site. YCC members may be exposed to physical work, insects, poison oak and ivy, adverse weather, and outdoor working conditions during their employment.

Some units may offer residential YCC programs which allow interested youth from communities not within commuting distance to participate. Residential programs are available at select National Park Service and Forest Service units and may include organized service learning and other extra-curricular activities. Members may be expected to contribute to their housing costs during participation in a residential program.

How to Apply

For more information on how to apply to YCC programs and opportunities, please visit our agency webpages for locations, application process and due dates, and points of contact. Eligible applicants should follow the instructions as directed by YCC sites by sending a completed application by postal mail, or fax to the YCC coordinator at the site. Applicants may also contact the nearest YCC program managed by the U.S. Forest Service, U.S. Fish and Wildlife Service, or National Park Service for more on how to apply.

For YCC opportunities with the National Park Service, please visit: <https://www.nps.gov/subjects/youthprograms/ycc.htm>

For YCC opportunities with the Fish & Wildlife Service, please visit: <https://www.fws.gov/refuge/seney/jobs/ycc.html>

For YCC opportunities with the Forest Service, please visit: <http://www.fs.fed.us/working-with-us/opportunities-for-young-people/youth-conservation-corps-opportunities>



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This application must be filled out completely to determine the applicant's eligibility and availability. Incomplete applications will be rejected. Complete applications include responses to all the questions above and parent/guardian contact information and certification signatures. Optional demographic information and resume may also be submitted with the application but is not required.

Tell us About Yourself

Please answer the following questions regarding your background, contact and other information.

First name	Middle name	Last name	Suffix
Gender	Male Transgender Male Prefer not to disclose	Female Transgender Female Prefer to self describe _____	Date of Birth (MM/DD/YYYY) Age
Address	Street	City	State Zip
Email	Home Phone	Cell Phone	

Emergency Contact Information 1

First name Last name

Relationship to applicant

Phone 1 Phone 2

Email

Emergency Contact Information 2

First name Last name

Relationship to applicant

Phone 1 Phone 2

Email

How did you learn about the YCC program? (Select all that apply)

Website/Search Engine/Social Media
School Counselor
Forest Service, National Park Service,
or Fish & Wildlife Staff Member

Past/Current YCC Member
Poster
Other _____



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Certify your application

Please certify your application for the YCC program.

I am familiar with the Youth Conservation Corps (YCC) program and interested in working to develop and maintain the natural and cultural resources of the United States.

I certify that I understand the work and environmental conditions that might exist while serving as a YCC member. I understand that I may be exposed to physical work, insects, poison oak and ivy, adverse weather, and outdoor working conditions up to eight hours a day during service.

I certify that I meet all YCC program eligibility requirements. I am a citizen or permanent resident of the United States or its territories or possessions. I have or am applying for a valid U.S. Social Security number. I will be at least 15 years of age by the beginning of enrollment and will not reach age 19 before completion of the program. And finally, if selected, I will obtain a work permit, if required.

I certify that all information I have provided on this application is true and correct to the best of my knowledge.

I understand that incorrect statements constitute grounds for immediate dismissal. With my signature, I certify that I give my permission for this form to be reviewed by any YCC official.

Applicant Name: _____

Applicant Signature: _____ Date: _____

For applicants under the age of 18:

By signing this document, I, the parent/legal guardian of the above applicant, acknowledge that I have discussed the YCC program with the applicant. I give permission for the applicant to apply for and participate in, the YCC program, if chosen.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PRIVACY ACT STATEMENT YCC APPLICATION (FS-1800-18)

The following information is provided to comply with the Privacy Act of 1974 (PL-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used in the selection process of applicants for the YCC crews, and for contacting the selected applicants. This information is requested on a voluntary basis, failure to complete this form will result in exclusion from the program. Privacy Act Systems of Records USDA/FS-29, INTERIOR/OS-25 Youth Conservation Corps Enrollee Records and USDA/FS-30, INTERIOR/OS-29 Youth Conservation Corps Recruitment System cover the collection and storage of, and access to these records.

NON-DISCRIMINATION AND BURDEN STATEMENTS

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0084. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) and the U.S. Department of Interior (DOI) prohibit discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination with the USDA, contact the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

To file an Equal Employment opportunity (EEO) complaint with the DOI's National Park Service or U.S. Fish and Wildlife Service, please visit <https://www.doi.gov/pmb/eeo/Complaints-Procedures> for more information on the complaints process and for lists of EEO Counselors in your region.



United States Youth Conservation Corps

Emergency Notification Form

Residence Information

Name _____ DOB _____ Gender _____
Address _____
City _____ State _____ Zip Code _____
Home Phone Number _____ Cell Phone Number _____
Email Address _____

Parent/Guardian #1

Name _____ Relationship _____
Work Day Phone No. _____ Cell Night Phone No. _____

Parent/Guardian #2

Name _____ Relationship _____
Work Day Phone No. _____ Cell Night Phone No. _____

In case of emergency, notify the person below:

Name _____ Relationship _____
Work Day Phone No. _____ Cell Night Phone No. _____

Insurance Information

I will attach a photocopy of both sides of my insurance card

I do not have medical insurance

Insurance Carrier _____ Insurance Policy No. _____
Insurance Carrier Phone No. _____ Physician Name _____
Work Day Phone No. _____ Cell Night Phone No. _____
Email Address _____

Applicant Signature _____ Date _____
(If 18 years or older)

Parent or Guardian Signature _____ Date _____



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Crew Member Medical Form

Agreement to Self Medicate

Please fill out this form even if you take no medication.

Participant:

Date:

Parent or guardian:

Phone:

Name of providing physician:

Phone:

Please check here and SIGN BELOW if you are NOT taking any medications.

No, I do not take any medications (please sign below)

If you take medication, please list ALL medications (prescription and over-the-counter) that you plan to bring to YCC. Use another piece of paper if you need more room.

Note: Starting a new medication or changing a medication dosage must occur at least three months before the start date of your session.

Condition	Medication (Full Name)	Dosage	Date began med or changed dosage	When taken	How taken	Storage/Handling Considerations
Example: Migraine headaches	Example: Excedrin Migraine	Example: 500 mg	Example: April 2002, no changes since	Example: 1x day at breakfast /as needed	Example: Orally with water	Example: Keep dry and cool

Please provide a copy of your insurance card.

Parent or Guardian Agreement:

I certify that my son/daughter can be depended upon to independently accept responsibility for taking his/her prescription medication according to doctor's instructions. I understand that opportunities to refill prescriptions during an YCC program are limited and that my son/daughter is expected to arrive with enough medication to last the entire session. I also understand that my daughter/son must possess a written prescription that will allow their medication to be replaced in case it is damaged or lost. I acknowledge that the information on this form is current and accurate. I understand that this information must be provided before anyone taking prescription drugs can be allowed to join a YCC program and that it will be used to help determine whether YCC can safely enroll my son/daughter. I understand that YCC has the right to immediately suspend or dismiss my son/daughter if he/she fails to take the prescribed daily dosage. If my son/daughter is dismissed I understand that I will be responsible for the cost of their transportation home.

Corps Member Agreement:

I hereby agree to take my prescribed daily dosage listed above. I acknowledge that failure to do so will constitute a significant danger to my health and the health of others, and may be grounds for immediate suspension or dismissal from the program. I acknowledge that allowing anyone else access to my medication is grounds for immediate dismissal from the program. I agree to immediately inform staff about any changes, concerns, or issues that relate to the use or possession of this medication.

Corps Member Signature
(If 18 Years or older)

Date

Parent or Guardian Signature

Date



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Smoking Policy

Federal policy regarding smoking in government facilities and vehicles:

- Federal Property Management Regulation 701-2.105-3 a) (ref. 3CFR, 1997 Comp., p. 216). The smoking of tobacco products is prohibited in all interior space owned, rented, or leased by the executive branch of the Federal Government.
- Federal Property Management Regulation 101-39.300 (D) The use of tobacco products is prohibited in GSA motor vehicles.

I have been informed and fully understand the policy and prohibition regarding smoking in government facilities and government vehicles. Any questions I had regarding this policy have been answered.

Applicant Signature _____
(If 18 years or older)

Date _____

Parent or Guardian Signature _____

Date _____



National Park Service
U.S. Department of the Interior



Photo Release Form

I hereby grant the National Park Service permission to use my likeness in a photograph in any and all publications for Government or nongovernment purposes, including web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the National Park Service and will not be returned.

I hereby irrevocably authorize the National Park Service to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the National Park Service's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the National Park Service from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I agree to indemnify and hold the Government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date

Printed Name/Date

Address

City

State

Zip Code

Phone

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent or Guardian's Signature/Date

Parent or Guardian's Printed Name/Date

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide the National Park Service with contact information pertaining to this release form.